

## APPLICATION DATA SHEET

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Sequence submission?::	No
Computer Readable Form (CRF)?::	No
Title::	COMPOSITIONS, KITS, AND METHODS FOR IDENTIFICATION, ASSESSMENT, PREVENTION, AND THERAPY OF OVARIAN CANCER

Attorney Docket Number::	MRI-022
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	36
Small Entity?::	No
Petition Included::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Family Name::	Lillie
City of Residence::	Natick
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	3 Wild Meadow Lane
City of mailing address::	Natick
State or Province of mailing address::	MA

Country of mailing address::	US
Postal or Zip Code of mailing address::	01760
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Gordon
Family Name::	Mills
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	4124 Amherst Street
City of mailing address::	Houston
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	77005
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Family Name::	Lee
City of Residence::	Somerville
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	119 Walnut Street
City of mailing address::	Somerville
State or Province of mailing address::	MA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02145

**Correspondence Information**

Correspondence Customer Number:: 000959

**Representative Information**

<b>Representative Customer Number::</b>	000959
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Non-provisional	60/246,839	11/08/00

**Assignee Information**

Assignee name:: Millennium Pharmaceuticals, Inc.  
Street of mailing address:: 75 Sidney Street  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing Address:: 02139